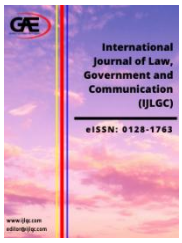
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PREVENTIVE ORAL HEALTH AS ISLAMIC CIVILISATIONAL PRAXIS: A MAQASID AL-SHARIAH FRAMEWORK FOR PATIENT-CENTRED DENTAL INNOVATION USING DISCLO-LIGHT AS CASE STUDY

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Abstract:

Islamic civilisation has historically produced a coherent tradition of health stewardship rooted in revealed guidance, Prophetic practice, and jurisprudential reasoning. This paper situates contemporary preventive dental innovation within this living civilisational tradition, arguing that Muslim healthcare practitioners in the Nusantara region carry a moral mandate, inherited from centuries of Islamic medical scholarship, to translate Maqasid al-Shariah principles into accessible, community-centred health tools. Through the case study of Disclo-Light, a portable LED-based plaque disclosure device developed at Klinik Pergigian Seri Iskandar, Perak Tengah, Malaysia, this study demonstrates how the civilisational obligations of hifz al-nafs (preservation of life), al-wiqayah (prevention), and dakwah kesihatan (health outreach as Islamic calling) can be operationalised through low-cost, locally developed healthcare innovation. A Civilisational Innovation Design (CID) methodology was employed, evaluating the innovation against clinical effectiveness, civilisational alignment, and community accessibility. Structured feedback from 21 patients and 8 dental officers, collected through convenience sampling, yielded 100% positive responses across all evaluation criteria (95% Wilson score confidence intervals: 84.5–100% and 67.6–100% respectively). The device received formal replication endorsement from the Perak state dental health division and was deployed in community outreach programmes including mosque-based health initiatives. Limitations relating to self-evaluation bias, sample size, and single-centre scope are discussed. This paper argues that Disclo-Light represents not merely a clinical tool but an expression of Islamic civilisational praxis, and contributes a replicable

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methodological model for Islamic civilisation scholarship that bridges revelation, jurisprudential tradition, and evidence-based practice.

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Kata Kunci:

Dakwah Kesihatan; Islamic Civilisation; Maqasid Al-Shariah; Nusantara; Preventive Oral Health

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Introduction

Islamic civilisation has never treated healthcare as a domain separate from faith. From the systematic medical encyclopaedias of Ibn Sina and al-Razi in the classical era to the oral health traditions embedded in Prophetic practice, Muslim scholars and practitioners have consistently understood the care of the physical body as an expression of divine stewardship (khilafah) and communal responsibility. The Quran establishes the framework of balance (mizan) as a civilisational mandate for Muslim societies to maintain equilibrium in all domains, including the health of their members.

وَالسَّمَاءَ رَفَعَهَا وَوَضَعَ الْمِيزَانَ، أَلَّا تَطْغَوْا فِي الْمِيزَانِ، وَأَقِيمُوا الْوَزْنَ بِالْقِسْطِ وَلَا تُخْسِرُوا الْمِيزَانَ

Translation: "And the heaven He raised and imposed the balance (mizan). That you do not transgress within the balance. And establish weight in justice and do not make deficient the balance" (Surah al-Rahman, 55:7-9).

In the Nusantara context, this civilisational mandate has found expression in a distinctive tradition of community health engagement rooted in Islamic values. Malaysian Muslim healthcare practitioners occupy a unique intersection: they are simultaneously heirs to the Prophetic health tradition, professionals within a national public health system, and members of a Muslim-majority society in which mosque-based community structures offer powerful platforms for health outreach. The Kolaborasi Oral dan Agama (KOA) programme, in which oral health education is delivered through masjid networks, exemplifies this Nusantara approach to dakwah kesihatan (health as Islamic outreach), where clinical knowledge and Islamic moral instruction are delivered in a unified community engagement.

Despite this rich heritage, contemporary dental practice in Malaysia faces a persistent challenge: the translation of preventive oral health knowledge into lasting behavioural change at the patient level. Dental plaque, the primary cause of caries and periodontal disease, can only

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be effectively removed when patients are able to identify its location on their teeth. The existing visualisation tool in Malaysian public dental clinics, the Rumah Plak (Plaque House), requires patients to leave the dental chair and enter a darkened alcove, severing the counselling relationship at precisely the moment when patient engagement is most critical. This structural limitation represents a failure not only of clinical design but of the Islamic civilisational commitment to accessibility, dignity in care, and the relational ethics of the Muslim healer.

This paper presents Disclo-Light, a portable, battery-operated LED plaque disclosure device developed by the Dentaglo Innovation Team at Klinik Pergigian Seri Iskandar, Perak Tengah. We argue that Disclo-Light is more than a clinical instrument: it is an instantiation of Islamic civilisational praxis, a concrete expression of Maqasid al-Shariah principles translated into a tool that restores the relational, patient-centred dimension of preventive oral health care.

Literature Review

Mizan as Civilisational Principle: Beyond Cosmology to Community Health

The Quranic concept of mizan (balance) has been interpreted by classical and contemporary Islamic scholars as a governing principle for individual conduct, social order, and civilisational organisation. Al-Tabari, in his Jami' al-Bayan, reads the mizan passages of Surah al-Rahman as a divine injunction against excess and negligence in all human endeavours. Ibn Kathir extends this reading to argue that the duty of balance applies to the Muslim community's collective stewardship of human welfare. When applied to health, mizan implies a civilisational obligation: Muslim societies must maintain balance between curative and preventive healthcare, between elite medical knowledge and community health literacy, and between technological advancement and equitable access.

The Malay Islamic civilisational tradition has historically embodied this principle through the concept of penjagaan tubuh badan (bodily stewardship) as a communal, not merely individual, responsibility. The integration of health education into mosque programmes, the Islamic obligation of tahara (ritual purity) as a foundation for oral hygiene, and the Prophetic tradition of communal care all reflect a civilisational understanding of health as a shared, morally embedded endeavour.

الْمُؤْمِنُ لِلْمُؤْمِنِ كَالْبُنْيَانِ يَشُدُّ بَعْضُهُ بَعْضًا

Translation: "The believer to the believer is like a solid structure, each part reinforcing the other" (Sahih al-Bukhari, Hadith 481).

Maqasid Al-Shariah as Civilisational Architecture for Healthcare Innovation

The Maqasid al-Shariah, the higher objectives of Islamic law, provide the architectural principles upon which an Islamic civilisational approach to healthcare innovation can be constructed. Al-Ghazali's five essential interests (daruriyyat), religion (hifz al-din), life (hifz al-nafs), intellect (hifz al-aql), lineage (hifz al-nasl), and property (hifz al-mal), together constitute what contemporary scholar Jasser Auda describes as a 'systems framework' for Islamic law, one that demands holistic, forward-looking reasoning rather than reactive, case-by-case jurisprudence (Auda, 2008).

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Within this civilisational architecture, hifz al-nafs (preservation of life) occupies a primary position. Sabarudin et al. (2023) argue persuasively that patient-centred dental care, care that honours patient dignity, cultivates health literacy, and fosters self-management, is the clinical expression of hifz al-nafs in the contemporary Muslim healthcare context. The Dentaglo Innovation Team's development of Disclo-Light can be read as an act of Maqasid-based ijtihad: the application of independent jurisprudential reasoning to a specific clinical challenge in order to fulfil a civilisational obligation. Ibn Ashur, in his foundational Maqasid al-Shariah al-Islamiyyah, identifies the facilitation of civilisational welfare (tahqiq al-masalih al-'ammah) as the ultimate telos of Islamic legal reasoning, a telos that preventive dental innovation directly serves.

Dakwah Kesihatan: Al-Wiqayah as Civilisational Practice in the Nusantara Context

The principle of al-wiqayah (prevention) acquires a distinctly civilisational dimension when situated within the Nusantara Islamic tradition. The maxim 'la darar wa la dirar' (no harm, no harming), derived from Sunan Ibn Majah (Hadith 2340), has been interpreted by Nusantara ulama not merely as a legal principle but as a civilisational commitment: Muslim communities must organise their social institutions, including healthcare systems, to minimise preventable suffering.

لَا ضَرَرَ وَلَا ضِرَارَ

Translation: "There should be neither harm nor reciprocating harm" (Sunan Ibn Majah, Hadith 2340).

This interpretation finds expression in the concept of dakwah kesihatan, the understanding that health education, delivered through Islamic framing, constitutes a form of Islamic outreach (dakwah) that serves the civilisational mission of rahmatan lil 'alamin (mercy to all of creation). The Kolaborasi Oral dan Agama (KOA) programme, within which Disclo-Light has been deployed, operationalises this civilisational vision by connecting the Prophetic tradition of miswak use to contemporary oral hygiene practice.

Islah, Ihsan, and Ijtihad: The Civilisational Ethics of Innovation

Islamic civilisation has consistently valorised innovation in service of communal welfare. The concept of islah (reform and continuous improvement) is deeply embedded in the Quranic imperative for Muslims to be agents of positive change in the world. The principle of ihsan (excellence and beauty in all undertakings), rooted in the hadith 'Allah has prescribed excellence (ihsan) in all things' (Sahih Muslim, Hadith 1955), demands that Muslim practitioners bring not merely competence but moral intentionality to their work. Together, islah, ihsan, and ijtihad (independent reasoning) constitute the civilisational ethics of Muslim innovation that the Dentaglo Innovation Team's iterative development of Disclo-Light embodies.

Oral Health as Civilisational Obligation in Islamic Scholarship

Islamic civilisational scholarship has long recognised oral health as a domain of religious and communal significance. The Prophet Muhammad's (peace be upon him) repeated emphasis on

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the miswak established oral cleanliness as a Prophetic standard that carries spiritual, social, and civilisational weight.

لَوْلَا أَنْ أَشُقَّ عَلَى أُمَّتِي لَأَمَرْتُهُمْ بِالسِّوَاكِ عِنْدَ كُلِّ صَلَاةٍ

Translation: "Were it not for the hardship it would place upon my ummah, I would have ordered them to use the miswak at every prayer time" (Sahih al-Bukhari, Hadith 887).

Classical Islamic medicine devoted systematic attention to oral health as a component of holistic civilisational healthcare. Ibn Sina (d. 1037 CE), in al-Qanun fi al-Tibb, documented the aetiologies and treatments of gingival disease, dental caries, and oral malodour within a framework that integrated Greek medical theory with Prophetic guidance. Al-Razi (d. 925 CE), in al-Hawi fi al-Tibb, similarly catalogued oral conditions and remedies. Lestari (2021) has extended this tradition into contemporary halal dental practice, establishing that the Islamic civilisational commitment to tahara (purity) governs not only personal hygiene but also the materials and instruments used in clinical care.

Plaque Disclosure Technology and the Civilisational Goal of Health Empowerment

From a clinical perspective, dental plaque represents the primary aetiological agent of both caries and periodontal disease, conditions that disproportionately affect lower-income populations with limited access to preventive dental services (World Health Organization, 2022). Plaque disclosing agents (PDAs) are among the most evidence-based tools for patient-directed oral hygiene improvement: by rendering invisible biofilm visible through coloured dyes, they empower patients to identify and address specific areas of inadequate cleaning. A systematic review by Oliveira et al. (2021) confirmed that oral hygiene instruction delivered alongside PDA use produces significantly greater and more sustained improvements in self-performed plaque control than instruction alone. Recent evidence reinforces the clinical value of this approach: Kamra et al. (2024) demonstrated significant plaque index improvements through PDA-guided brushing instruction, while Lei et al. (2025) confirmed superior outcomes in guided biofilm therapy programmes in which patients actively participated in their own plaque assessment.

Nusantara Islamic Medical Heritage and the Call for Contextually Grounded Innovation

The Nusantara Islamic medical tradition offers a distinctive framework for understanding healthcare innovation as a civilisational, rather than merely technical, undertaking. Research on traditional Malay medical manuscripts, including the Tib MSS2515 documented by Ahmad Hilmi et al. (2025), reveals a sophisticated integration of Prophetic medicine, local botanical knowledge, and Islamic jurisprudential principles in the treatment of oral conditions. Contemporary Nusantara Islamic scholarship calls for the renewal of this tradition through what Sabarudin et al. (2023) describe as 'patient-centred dental care consonant with Maqasid Shari'ah'. What has been lacking is a practical tool that bridges the gap between the clinical encounter and the community health formation goal, a gap that Disclo-Light is specifically designed to address.

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Methodology

Civilisational Innovation Design: A Methodological Framework

This study employs a Civilisational Innovation Design (CID) methodology, a framework developed by the research team to guide the creation of healthcare tools that are simultaneously evidence-based, context-appropriate, and grounded in Islamic civilisational values. CID integrates three methodological traditions: (1) design-based research, which emphasises iterative prototype development and user feedback in complex real-world settings; (2) Islamic ethical analysis, which applies Maqasid al-Shariah, qawaid fiqhiyah, and civilisational values as normative criteria; and (3) community health praxis, which situates clinical innovation within the broader goal of civilisational welfare. Within the CID framework, every design decision is evaluated against a tripartite criterion: Clinical Effectiveness, Civilisational Alignment, and Community Accessibility.

Study Design, Setting, and Ethical Considerations

This evaluation adopted a descriptive, cross-sectional quality-improvement design, consistent with its status as a clinical innovation and service-improvement initiative rather than an interventional trial. The research was conducted at Klinik Pergigian Seri Iskandar, Pejabat Kesihatan Pergigian Daerah Perak Tengah, between January 2022 and May 2024, with structured feedback collected between October 2023 and January 2024. The Dentaglo Innovation Team comprised five dental officers, all practising Muslims with professional commitment to the integration of Islamic values in clinical practice.

Participants were recruited through convenience sampling from patients attending routine dental treatment at the study site during the evaluation period. Inclusion criteria for patient participants were attendance for oral hygiene instruction or plaque assessment during the study period, and the ability to provide informed verbal consent. Patients unable to provide independent consent were excluded. Dental officer participants comprised all dental officers on duty at the study site who used the device during the evaluation window. Verbal informed consent was obtained from all participants prior to feedback collection, and participation was voluntary and anonymous. This evaluation was conducted under the study site's internal quality-assurance and clinical-innovation governance process (RSCH ID-25-01942-IDH).

Prototype Development: From Islah to Community Deployment

Three iterative prototypes were developed through a process of communal problem-solving (shura) and progressive refinement (islah). Prototype 1 (January 2022) consisted of a commercially available handheld torch fitted with a blue acetate filter, enabling plaque visualisation but with inconsistent light distribution and limited patient comfort. Prototype 2 (September 2022) introduced a repurposed plastic face shield as the primary casing, an act of environmental stewardship (avoiding israf, or waste), with a USB-powered LED array providing consistent illumination, though the requirement for electrical connection limited deployment flexibility.

Prototype 2.1 (March 2023), the final production version, resolved the electrical dependency by replacing the USB power source with three AAA batteries, enabling deployment in mosque-based health programmes, school outreach settings, and rural community clinics where

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electrical access is unreliable. The final device operates by having the patient hold the face shield against their face while viewing their teeth in a handheld mirror; the dental officer selects the LED wavelength (blue or violet, 450-410 nm) appropriate to the disclosing agent used, including erythrosine-based, fluorescein, and two-tone preparations. The chairside configuration preserves face-to-face communication throughout the plaque assessment, restoring the relational dimension of the clinical encounter.

Cost, Accessibility, and Maslahah 'Ammah

A detailed cost analysis was conducted to assess the civilisational accessibility of Disclo-Light. Table 1 summarises the material costs for Prototype 2.1.

Table 1: Material Cost Analysis for Disclo-Light Prototype 2.1

Material Component	Cost (RM)
Plastic face shield	14.99
LED light with battery casing	9.15
PVC pipe (per 10 inches)	1.30
Waterproof flextape (1.5 metres)	9.50
Spray paint	6.50
Three AAA batteries	3.50
TOTAL	**RM 40.79**

Source: Dentaglo Innovation Team, Klinik Pergigian Seri Iskandar (2023-2024).

At RM 40.79 per unit, Disclo-Light is replicable by any public dental clinic in Malaysia using materials available in standard merchandise stores, without specialised procurement or technical expertise. This cost profile directly expresses the Islamic civilisational principle of maslahah 'ammah (public welfare): an innovation that maximises community health benefit while minimising financial barriers is not merely practically desirable but morally obligatory from a Maqasid perspective.

Community Feedback Collection and Participatory Ethics

Structured feedback was gathered from 21 patients and 8 dental officers at Klinik Pergigian Seri Iskandar. Patients were presented with three binary (yes/no) items assessing ease of use, effectiveness in plaque identification, and impact on oral hygiene motivation. Dental officers responded to two items addressing ease of use and effectiveness in guiding patient counselling. The binary format was selected to ensure accessibility for patients with varying health literacy levels, a civilisational consideration, as Islamic teaching holds that communication must be calibrated to the capacity of the audience ('speak to people according to their level of understanding', attributed to 'Ali ibn Abi Talib).

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A technical safety assessment was additionally conducted in collaboration with Kolej Vokasional Seri Iskandar, evaluating risks related to facial contact, LED wavelength safety, and battery-powered electrical design. This assessment fulfilled the Islamic legal maxim 'al-umur bi maqasidiha' (matters are judged by their objectives), the objective of patient safety and welfare requires proactive risk assessment before community deployment.

As the feedback instrument was developed and administered by members of the same team responsible for designing Disclo-Light, the possibility of researcher and social-desirability bias is acknowledged. Feedback forms were self-completed by respondents rather than administered through interviewer prompting, and responses were anonymous and aggregated before tabulation, which is expected to have reduced, though not eliminated, the risk of socially desirable reporting toward the developing team. This limitation, and its implications for interpreting the 100% positive response rate, is discussed further under Limitations.

Findings

The feedback results, summarised in Table 2, provide empirical validation of Disclo-Light's effectiveness across both clinical and civilisational dimensions. Every patient participant (21/21, 100%) confirmed that the device was easy to use without special instruction, that it enabled them to identify plaque in areas they had not previously recognised as unclean, and that visualising their own plaque accumulation increased their commitment to daily oral hygiene practice. All eight dental officer participants (8/8, 100%) affirmed both the ease of clinical integration and the enhanced quality of patient-specific guidance that the device enabled.

Table 2: Community Feedback After Disclo-Light Deployment

Feedback Item	Respondents	Yes	No	95% CI (Wilson)
PATIENT FEEDBACK (n = 21)				
Ease of use	21	21	0	84.5% - 100%
Effectiveness in identifying unclean teeth areas	21	21	0	84.5% - 100%
Increased motivation for daily oral hygiene practice	21	21	0	84.5% - 100%
DENTAL OFFICER FEEDBACK (n = 8)				
Ease of use during clinical sessions	8	8	0	67.6% - 100%
Effectiveness in guiding patient-specific oral health advice	8	8	0	67.6% - 100%

Source: Dentaglo Innovation Team, Klinik Pergigian Seri Iskandar (2023-2024).

Because a 100% response rate in a small sample carries wide sampling uncertainty, 95% Wilson score confidence intervals were calculated for each proportion rather than relying on the point estimate alone. For the patient items (21/21), the 95% CI is 84.5% to 100%; for the dental officer items (8/8), the wider interval of 67.6% to 100% reflects the smaller sample size.

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These intervals indicate that while the observed responses were uniformly positive, the true population proportion, particularly for dental officers, could plausibly be somewhat below 100%, and the findings should be interpreted with this uncertainty in mind rather than as a precise population estimate.

The technical safety assessment conducted with Kolej Vokasional Seri Iskandar confirmed zero adverse events, consistent with the design's adherence to the Islamic maxim 'la darar wa la dirar' (no harm, no harming). The clinical significance of these findings is reinforced by the broader literature: the positive reception pattern is consistent with, and numerically exceeds, the outcomes documented by Kamra et al. (2024) and Lei et al. (2025), plausibly because Disclo-Light's chairside configuration enables the dental officer to provide real-time, personalised guidance while the patient actively visualises their own plaque, a degree of patient engagement that the Rumah Plak system structurally precluded. As noted above, this comparison should be read as directional rather than statistically confirmed, given the absence of a formal comparative or controlled design in the present evaluation.

Discussion

Disclo-Light as Dakwah Kesihatan: Civilisational Alignment with Conference and Journal Themes

Islamic Da'wah in the Contemporary World. Disclo-Light operationalises dakwah kesihatan, health outreach as a form of Islamic moral communication, by transforming the dental clinic into a site of Islamic character formation (tarbiyah). When deployed within the Kolaborasi Oral dan Agama (KOA) programme, oral health counselling is explicitly framed within Islamic values: patients learn that caring for their teeth honours the body as amanah, fulfils the Prophetic standard of tahara, and embodies the civilisational commitment to communal health. Nusantara Islamic Institutions and Local Innovation. Disclo-Light exemplifies the distinctively Nusantara approach to Islamic civilisational innovation: context-appropriate, locally producible, and grounded in the specific material and cultural conditions of Malaysian Muslim communities. By sourcing all components from general merchandise stores and utilising repurposed medical waste (face shields), the innovation reflects both the Islamic prohibition on israf (wasteful consumption) and the civilisational commitment to self-reliance.

Sustainable Development Goals from an Islamic Civilisational Perspective. Disclo-Light advances SDG 3 (Health and Well-being) by improving preventive oral health outcomes in underserved public clinic settings, and SDG 10 (Reduced Inequalities) by enabling high-quality preventive care across Malaysia's network of public dental facilities without requiring expensive equipment. From an Islamic civilisational perspective, these SDG alignments are structurally rooted in the Maqasid imperative of maslahah 'ammah, public welfare as a civilisational obligation.

Institutional Endorsement: Civilisational Innovation Scaling

Disclo-Light's institutional endorsement trajectory illustrates how civilisational healthcare innovation can move from individual clinic initiative to systemic impact. Following formal assessment, Bahagian Kesihatan Pergigian Negeri Perak endorsed Disclo-Light in January 2024, and Pejabat Kesihatan Pergigian Daerah Perak Tengah issued a full replication directive in May 2024, requesting implementation across all districts dental facilities. This pathway,

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from grassroots professional innovation to state-level policy adoption, reflects the Islamic civilisational principle of shura (consultative governance). Community deployment extended to school outreach programmes and mosque-based deployment through the KOA programme, demonstrating the device's versatility across the clinic, the school, and the community space.

A Replicable Model for Islamic Civilisational Health Innovation

The Disclo-Light development process offers a replicable civilisational innovation model for Muslim healthcare practitioners across the Nusantara region and beyond. The model proceeds in four stages: (1) civilisational problem identification; (2) Maqasid-grounded solution design; (3) community validation; and (4) institutional scaling through consultation. This model has implications beyond dental care, for maternal health, chronic disease management, mental health, and community nursing, where practitioners face analogous challenges of delivering evidence-based care in resource-constrained settings while honouring Islamic civilisational values of dignity and accessibility.

Limitations

Several limitations should be acknowledged in interpreting these findings. First, the sample size was small (21 patients, 8 dental officers) and drawn from a single centre, which limits the statistical precision of the reported proportions, as reflected in the width of the 95% confidence intervals, and constrains the generalisability of the findings to other clinic populations, patient demographics, or healthcare settings. Second, participants were recruited through convenience sampling rather than random or stratified sampling, which may have introduced selection effects not fully captured in this evaluation. Third, the evaluation relied entirely on self-reported, binary (yes/no) satisfaction items rather than objective clinical indicators such as pre- and post-intervention plaque index scores, longitudinal behavioural change, or comparative effectiveness data against the existing Rumah Plak system; the inclusion of such objective measures is recommended for future evaluations of Disclo-Light. Fourth, because the innovation team that designed Disclo-Light also administered and analysed the feedback instrument, the possibility of researcher and social-desirability bias cannot be excluded, notwithstanding the anonymisation and aggregation of responses described in the Methodology; future evaluations would benefit from feedback collection and analysis by dental officers independent of the development team. These limitations suggest that the present findings are best read as encouraging preliminary evidence supporting further, more rigorous evaluation, rather than as definitive proof of comparative clinical superiority.

Conclusion

This paper has argued that preventive oral health innovation, when grounded in Islamic civilisational values, constitutes an act of civilisational praxis, a contribution to the ongoing project of building Muslim communities that are healthy, empowered, and morally formed. Through the case study of Disclo-Light, we have demonstrated that the Maqasid al-Shariah framework, Prophetic health traditions, and Nusantara Islamic heritage together provide a rich and generative foundation for context-appropriate healthcare innovation.

Disclo-Light is simultaneously a clinical instrument, a dakwah vehicle, a civilisational statement, and a proof of concept for Islamic innovative methodology. Its uniformly positive reception from patients and practitioners, interpreted with due regard to the sample size and

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design limitations discussed above, its state-level endorsement, its deployment in mosque and school settings, and its replicability at RM 40.79 per unit collectively demonstrate that the Islamic civilisational mandate for equitable, dignified, and morally grounded healthcare is an achievable practice, while also pointing to clear next steps, larger and multi-centre samples, objective clinical outcome measures, and independent evaluation, for strengthening the evidence base.

The civilisational innovation design methodology introduced in this paper offers a transferable framework for Muslim healthcare practitioners who seek to renew the Islamic medical tradition in their specific community contexts. Building a sustainable future for global society requires that Muslim civilisation contribute not only intellectual resources to global discourse but also practical models of health innovation that embody the values of rahmatan lil ‘alamin, mercy and benefit for all. Disclo-Light, small and simple as it is, stands as one such model: a device that restores dignity to the patient, renews the practitioner’s civilisational calling, and advances the Prophetic vision of a community in which every member’s health is a shared moral responsibility.

خَيْرُ النَّاسِ أَنْفَعُهُمْ لِلنَّاسِ

Translation: “The best of people are those who are most beneficial to others” (al-Mu’jam al-Awsat, Hadith 5787).

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Ethics Statement: This study was conducted in accordance with ethical research standards as a quality-assurance and clinical-innovation evaluation under the study site's internal governance process (RSCH ID-25-01942-IDH). Verbal informed consent was obtained from all participants prior to feedback collection. Participation was voluntary, and respondents were assured of confidentiality and anonymity. The data collected were used solely for academic and quality-improvement purposes.

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References

Abu Dawud, S. ibn al-Ash'ath al-Azdi al-Sijistani. (n.d.). Sunan Abu Dawud (Hadith 3855). Maktabat al-Ma'arif.

al-Bukhari, M. ibn Ismail. (n.d.). Sahih al-Bukhari (Hadith 481, 887, 1975, 2554, 6125). Dar Tawq al-Najah.

al-Ghazali, A. H. M. (1937). Al-Mustasfa min 'ilm al-usul. Al-Maktabah al-Tijariyyah al-Kubra.

al-Muslim, ibn al-Hajjaj. (n.d.). Sahih Muslim (Hadith 1955, 2742). Dar Ihya al-Turath al-Arabi.

al-Nasa'i, A. ibn S. (n.d.). Sunan al-Nasa'i (Hadith 5). Maktab al-Matbu'at al-Islamiyyah.

al-Qurtubi, M. ibn A. (1964). Al-Jami' li-ahkam al-Quran. Dar al-Katib al-Arabi.

al-Razi, M. ibn Z. (1955). Al-Hawi fi al-Tibb [The Comprehensive Book on Medicine]. Osmania Oriental Publications Bureau.

al-Shatibi, I. ibn M. (1997). Al-Muwafaqat fi usul al-shariah. Dar Ibn Affan.

al-Tabarani, S. ibn A. (1995). Al-Mu'jam al-Awsat (Hadith 5787). Dar al-Haramayn.

Ahmad Hilmi, A. B., Yahaya, N., Adnan, L. A., Zakaria, Z., Kamal, M. H., Daman Huri, N. N. F., & Abd Aziz, N. A. (2025). Dental disease treatment in the Tib manuscript MSS2515 via halal material usage. Journal of Fatwa Management and Research, 30(2), 102–113. https://doi.org/10.33102/jfatwa.vol30no2.664

Auda, J. (2008). Maqasid al-Shariah as philosophy of Islamic law: A systems approach. International Institute of Islamic Thought.

Bendebka, R., Fettane, A., & Shogar, I. (2020). Preventive medicine and Maqasid al-Shari'ah: The case of COVID-19. Revelation and Science, 10(1), 1–12. https://doi.org/10.31436/revival.v10i1.259

Ibn Ashur, M. al-T. (2006). Maqasid al-Shariah al-Islamiyyah. Dar al-Nafa'is.

Ibn Kathir, I. (1999). Tafsir al-Quran al-'Azim. Dar Tayyibah.

Ibn Majah, M. ibn Y. al-Qazwini. (n.d.). Sunan Ibn Majah (Hadith 289, 2340). Dar Ihya al-Kutub al-Arabiyyah.

Ibn Qayyim al-Jawziyyah, S. M. (1957). Al-Tibb al-Nabawi [Prophetic Medicine]. Dar Ihya al-Turath al-Arabi.

Ibn Sina, A. ibn al-H. (1999). Al-Qanun fi al-Tibb [The Canon of Medicine]. Dar Sadir.

Kamra, S., Ramalingam, K., Salaria, S. K., Sukhija, M., & Sihmar, S. (2024). Oral hygiene instructions with plaque-disclosing agents to improve self-performed dental plaque control: A case report. Cureus, 16(10), e72205. https://doi.org/10.7759/cureus.72205

Lei, B., Liu, J., Zhao, S., Chen, C., Cheng, Z., Yao, T., Zhang, L., & Zhao, X. (2025). Plaque disclosing agent as a plaque control guide for oral hygiene in chronic periodontitis based on guided biofilm therapy: A retrospective cohort study. Medicine, 104(23), e42782. https://doi.org/10.1097/MD.0000000000042782

Lestari, W. (2021). Halal aspect in dental materials. IIUM Journal of Orofacial and Health Sciences, 2(2), 67–69.

Nantakeeratipat, T., Apisaksirikul, N., Boonrojsaree, B., Boonkijkullatat, S., & Simaphichet, A. (2024). Automated machine learning for image-based detection of dental plaque on permanent teeth. Frontiers in Dental Medicine, 5, 1507705. https://doi.org/10.3389/fdmed.2024.1507705

Oliveira, L. M., Pazinatto, J., & Zanatta, F. B. (2021). Are oral hygiene instructions with aid of plaque-disclosing methods effective in improving self-performed dental plaque control? A systematic review of randomized controlled trials. International Journal of Dental Hygiene, 19, 239–254. https://doi.org/10.1111/idh.12491

International Journal of Law, Government and Communication
EISSN : 0128-1763
Volume: 11 Issue: 45 (September 2026) PP. 745-758
Padela, A. I. (2021). Maqasid al-Shariah and biomedicine: Bridging moral, ethical, and policy discourses. International Institute of Islamic Thought.

Sabarudin, M. A., Abdul Fatah, F., Ramli, H., Yacob, N., Abdul Majid, M. N., & Mas'ad Salleh, M. A. (2023). Patient-centred care dentistry and its relation with Maqasid Shari'ah: A narrative review. Journal of Fatwa Management and Research, 28(1), 1–15. https://doi.org/10.33102/jfatwa.vol28no1.465

World Health Organization. (2022). Global oral health status report: Towards universal health coverage for oral health by 2030. World Health Organization.